FORM D

UNITED STATES SEC Mail Processing SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D MAY 28 2008

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION SPINGTON, DC

SECTION 4(6), AND/OR 110

UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number: Expires: Estimated average hours per form	May 31, 2008 burden
SEC US	E ONLY
Prefix	Serial
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DATE RE	CEIVED
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Filing Under (Chec	k box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing:	☐ New Filing					
		A. BASIC	DENTIFICAT	ION DATA	 	
1. Enter the info	rmation requested about the	ne issuer				
Name of Issuer		mendment and name h	as changed, and in	dicate change.		1111 1111 1111 1111 1111 1111 1111 1111 08047866
NorCap Diversifie	d Premium Fund, L.P.					
Address of Executi	ive Offices		(Number and Stre	et, City, State, Zip Coo	ie) Telephone Nu	umber (Including Area Code)
			•	· ·	(070) 704 004	
c/o NorCap Mana	gement, L.P., Two Lincol	n Center, 5420 LBJ Fr	•	Dallas TX 75240	(972) 701-881	15
c/o NorCap Mana		n Center, 5420 LBJ Fr	eeway, Suite 525,	Dallas TX 75240 et, City, State, Zip Coo	<u> </u>	umber (Including Area Code)
	al Offices	n Center, 5420 LBJ Fr	eeway, Suite 525,		<u> </u>	umber (Including Area Code)
Address of Principa	al Offices recutive Offices)	n Center, 5420 LBJ Fr	eeway, Suite 525,		<u> </u>	PROCESSEI
Address of Principal	al Offices secutive Offices) f Business: Private I		eeway, Suite 525,		<u> </u>	PROCESSEI
Address of Principa (if different from Ex Brief Description of	al Offices secutive Offices) f Business: Private I	nvestment Company	eeway, Suite 525,	et, City, State, Zip Coo	<u> </u>	PROCESSEI
Address of Principa (if different from Ex Brief Description of	al Offices secutive Offices) f Business: Private In Organization	nvestment Company	eeway, Suite 525, (Number and Stre	et, City, State, Zip Coo	te) Telephone Nu	PROCESSES
Address of Principa (if different from Ex Brief Description of	al Offices secutive Offices) f Business: Private In Organization Corporation	nvestment Company	eeway, Suite 525, (Number and Stre	et, City, State, Zip Coo	te) Telephone Nu	PROCESSEI
Address of Principal (if different from Ex Brief Description of Type of Business C	al Offices secutive Offices) f Business: Private In Organization Corporation	nvestment Company ⊠ limited p	(Number and Stre	et, City, State, Zip Coo formed med	te) Telephone Nu	PROCESSEI JUN 0 3 2008 THOMSON REUT

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC ID	ENTIFICATION DATA	4	
Each beneficial ownEach executive office	e issuer, if the issuer her having the pow her and director of	uer has been organized with rer to vote or dispose, or dir			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	NorCap Management	, L.P.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e): Two Lincoln Cente	r, 5420 LBJ Free	way, Suite 525, Dallas TX 75240
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☑ Executive Officer	Director	☐ Investment Manager
Full Name (Last name first, i	findividual):	Norcom, David R.			
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	e): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Baggett, Carl Y.			
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	e): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	findividual):	Mark & Debra Jordan	1		
Business or Residence Addr Suite 525, Dallas TX 75240	ess (Number and	Street, City, State, Zip Cod	e): c/o NorCap M anag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	·		<u>.</u>	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Has	the issue	rsold, or c	loes the is	suer inten			edited inve endix, Co					☐ Yes	⊠ No
2.	Wha	at is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$1	,000,000*
								•	General F	artner ma	y accept i	nvestment	s in a lesser	amount at its discretion
3.	Doe	s the offe	ring permit	t joint owne	ership of a	single uni	1?						⊠ Yes	s □ No
4.	Ente	er the info	mation re	quested fo	r each per	son who h	as been o	r will be pa	uid or giver	n, directly o	or indirectl	y.		
				lar remune be listed is										
	and	or with a	state or sta	ates, list thuch a brok	ie name of	the broke	r or dealer	. If more t	han five (5) persons	to be liste	d are		
Full				individual	· · · · · · · · · · · · · · · · · · ·	er, you ma	y set lotti	THE INITIAL	ation for ti	IAI UIUNGI	Ul dealer (Jilly.		
Bus	iness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Nan	ne of	Associate	d Broker o	or Dealer										
Stat				d Has Soli					-					☐ All States
		_	lates or cr ☐ [AZ]	neck indivi		s)[CO]					☐ [GA]	[HI]	□ [ID]	☐ All States
	•	(IN]	_ (IA)	(KS]			[ME]		(MA)				☐ [MO]	
	MT]	□ [NE]		☐ [NH]							☐ [OK]			
	RIJ	[SC]				[] [UT]						[WY]	□ [PR]	
Full	Nam	ie (Last na	ıme first, if	individual)	<u></u>	<u> </u>							
Bus	iness	or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Nan	no of	Accociata	ed Broker o	or Doglor										
11011	ile Oi	Associate	a blokel (Dealei										
Stat				d Has Soli neck indivi										☐ All States
				☐ [AR]		•					☐ [GA]	[HI]	□ (ID)	
	IL]	□ [IN]	□ [IA]	□ [KS]	□ [KY]	☐ [LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ (MS)	[MO]	
	MT]	[NE]	[NN]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ (ND)				□ [PA]	
	RI]	[SC]	□ [SD]	[TN]	□ [TX]		□ [VT]	□ [VA]	[WA]	[M∧]	[WI]	[WY]	□ (PR)	
Full	Nam	ie (Last na	ıme first, if	individual)									
Bus	iness	or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nan	ne of	Associate	ed Broker o	or Dealer										
Sta				d Has Soli neck indivi							· <u>·</u>			☐ All States
	•	_				s)[CO]					☐ [GA]	[HI]	[ID]	☐ All States
	•	 □ [IN]	□ [IA]	[KS]		□ (LA)			☐ [MA]				☐ [MO]	
	мтј	☐ [NE]	_ [NV]					[NC]				(OR)	-	
		☐ [SC]						□ [VA]				[WY]		

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B. INFORMATION ABOUT OFFERING

3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. **Amount Already** Aggregate Type of Security Offering Price Sold ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ 100,000,000 1,694,772 <u>)</u> \$ Other (Specify) ___ Total 100,000,000 \$ \$ 1,694,772 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors 1,694,77 Non-accredited Investors.... N/A \$ N/A Total (for filings under Rule 504 only)...... \$ N/A Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Types of **Dollar Amount** Type of Offering Security Sold Rule 505..... Regulation A. **Rule 504** N/A N/A N/A N/A Total \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees 16,388 Accounting Fees.... Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) _

Total

16,388

\$

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXP	LINGES	AND USE OF	PROCEED	····
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to P "adjusted gross proceeds to the issuer."	•	<u>3</u>	99,983,612		
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response to the interest of the interest	ny purpose is not known, furnis e total of the payments listed m	sh an nust equal	Payment Officer Director Affiliate	s, s &	Payments to Others
	Salaries and fees			\$		<u>\$</u>
	Purchase of real estate	•••••••••••••••••••••••••••••••••••••••		\$		\$
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$	□	\$
	Construction or leasing of plant buildings and facili	ities		\$		\$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger	ets or securities of another issu	er	\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	⊠	\$ 99,983,612
	Other (specify):			\$		\$
				\$		\$
	Column Totals			\$		\$ 99,983,612
	Total payments Listed (column totals added)			⊠	\$ 99.98	33,612
	- **==	D. FEDERAL SIGNATU	JRE	11 m = 160		- te - t
CO	is issuer has duly caused this notice to be signed by the un nstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Com	son. If this mission, u	notice is filed und pon written reque	ler Rule 505, th st of its staff, th	e following signature e information furnishe
lss	uer (Print or Type)	Signature)		 .	Date	
No	rCap Diversified Premium Fund, L.P.	Cal By	H		May	27, 2008
	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Ca	rl Y. Baggett	Authorized person of NorCa L.P. its general partner	ıp Advisor	s, LLC the gene	ral partner of N	NorCap Management

1.		resently subject to any of the disqualification	Yes 🖾 No		
	Se	ee Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required	to furnish to any state administrator of any state in which this r I by state law.	notice is filed a notice on Form D		
3.	The undersigned issuer hereby undertakes	to furnish to the state administrators, upon written request, info	ormation furnished by the issuer to offerees.		
4.		issuer is familiar with the conditions that must be satisfied to be notice is filed and understands that the issuer claiming the aveen satisfied.			
	ssuer has read this notification and knows the conized person.	ontents to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly		
	r (Print or Ty	Signature	Date		
	ap Diversified Premium Fund, L.P.	Tille of Signer (Print or Type)	May 27, 2008		
	of Signer (Print or Type) /. Baggett	Title of Signer (Print or Type) Authorized person of NorCap Advisors, LLC the general partner of NorCap Management,			

L.P. its general partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				API	PENDIX					
1		2	3		<u> </u>	4		-		
1	Intend to non-ad	to sell	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of in	nvestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Number of Number of Accredited Non-Accredited					
AL										
AK					,					
AZ										
AR										
CA										
CO										
СТ										
DE				·						
DC										
FL										
GA										
HI										
ID .										
IL.										
IN										
IA								ļ		
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KY										
LA								<u> </u>		
ME										
MD										
MA										
MI							<u>.</u>			
MN										
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МО										
MT					-					
NE										
NV										
NH										
NJ										
NM										

				API	PENDIX				
1	2	2	3			5			
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Amount purc	ivestor and hased in State – Item 2)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY									
NC									
ND	-								
ОН									
ок									
OR									
PA									
RI									
sc									
SD									
TN									
TX		х	\$100,000,000	6	\$1,694,772	0	\$0	Ì	х
UT									
VT									
VA					_				
WA									
wv							-		
WI									
WY									
PR					i				

